PTO/SB/17 (10-07)
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credi	Onder the re	aperwork reduction	II ACCOL 13	33, No person are re	squired to	Complete if Known					
FEE TRANSMITTAL For FY 2008						Application Nun					
An Examinary Name											
Applicant claims snat entity status. See 37 CFR 1.27 Art Unit 1649											
Applicant claims small entity status. See 37 CFR 1.27	For FY 2008										
Check Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27					Art Unit 1		1649			
Check	TOTAL AMOUNT OF PAYMENT			(\$) 460.00		Attorney Docket No. 5		5693-0101PUS1			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Credit any overpayments Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) Fee	METHOD OF	PAYMENT ((check al	l that apply)							
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credi	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Tee(s) under 37 CFR 1.16 and 1.17	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Application Type											
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Application Type	1. BASIC FILIN	IG, SEARCH, A									
Design	Application T			Small Entity		Small Entity		Small Entity	Small Entity		
Plant	Utility		310	155	510	255	210	105			
Reissue	Design		210	105	100	50	130	65			
Provisional 210 105 0 0 0 0 0 2. EXCESS CLAIM FEES Fee (S) Fee (S) Fee (S) Fee (S) Fee (S) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claim over 3 (including Reissues) 210 105 Multiple dependent claim over 3 (including Reissues) 70 185 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent claims 23 -23 x =	Plant		210	105	310	155	160	80			
Signature Page Pa	Reissue		310	155	510	255	620	310			
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Authority for each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Fee Paid (\$)	Provisional		210	105	0	0	0	0			
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(Attentoy/Agent)	Signature	intr	3	a0			36,623	Telephone	(858) 35	6-5959	
	Name (Print/Type) Mark J. Nuell					(Altomoy/Agent)				. 2008	